MaineCare Services
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

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To: MaineCare Providers

From: Jill Kingsbury – Director of Pharmacy

Date: April 28, 2017

Re: PDL Update for **5/05/2017**

The following medications have been recently added/changed to the MaineCare PDL as non-preferred and will require prior authorization.

Clindesse Basaglar Imbruvica Yosprala

The following medications have been recently added/changed to the MaineCare PDL as preferred and will *not* require prior authorization.

Tenofovir

The following medication have been recently added to the MaineCare PDL as well as new PDL criteria.

Adlyxin will be non-preferred and will require a trial of at least two preferred drugs in this category must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists.

Soliqua will be non-preferred and must try both insulin and a preferred incretin mimetic and have a medical necessity for use that is not based on convenience or simply due to the fact that one injection is needed instead of two.

Eucrisa will be non-preferred and will require trial of preferred drugs also indicated for this condition, including topical steroids AND calcineurin inhibitors must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists

Optivar removed from the PDL as it is no longer covered.

Rayaldee will be non-preferred and requires clinical PA to verify stage 3 or 4 CKD.

Rubraca will be non-preferred and require clinical prior authorization to verify diagnosis (as identified by an FDA-approved companion diagnostic test) and prior trial/failure with at least 2 chemotherapies.

Vemlidy will be non-preferred and require prior authorization and be available to those who have evidence of bone loss or renal insufficiency or who are unable to tolerate or who have failed on preferred medications.

Zinplava will be non-preferred and require clinical prior authorization to verify it is prescribed or consulted by GI or ID specialist, diagnosis, and concurrent use of an antibacterial agent as well as limiting its use to those who have recurrent C. diff disease that has recurred despite use of guideline recommended vancomycin taper or for whom this would be contraindicated.

If you have any questions, please contact Change Healthcare at 1-888-420-9711.